# MEDICARE/MEDICAID NURSING HOME INFORMATION

## 1988-1989

## DELAWARE

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

# Table of Contents

Introduction ........ I

Uses and Limitations ........ II

Description of the Survey and Certification Process ........ IV

Sources of Information ........ V

Further Considerations ........ XIII

Glossary of Terms ........ XVI

How to Read the Information ........ XVIII

Alphabetical Index of Nursing Homes ........ XXIII

Nursing Home Profiles ........ 1

Nursing Home Survey Report Form ........ Appendix

# INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare/Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.

Gail R. Wilensky

Gail R. Wilensky, Ph.D.
Administrator

# USES AND LIMITATIONS

## Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

# DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

## SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

### State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF PUBLIC HEALTH

OFFICE OF HEALTH FACILITIES LICENSING AND CERTIFICATION

## STATE OF DELAWARE

### Overview of nursing home licensure program:

- General purpose is to ensure the general public that the nursing home facility is in compliance with State and local laws and regulations which are applicable to the facility's personnel, provision for quality services and a safe physical structure.

- Organizational structure of the licensure agency comprises a "team approach" of health professionals who are trained in assessing regulatory compliance. As a minimum, the team consists of a registered nurse, dietitian and environmental health specialist. Additional team members, i.e., pharmacists, additional nurses, etc. are included based upon size and types of services of the nursing home.

- General procedures of the licensure program include a basic application package from the new facility and an onsite inspection prior to opening. State Board of Health license must be granted prior to admitting patients. The new facility is issued a 90 day provisional license. During this time period another onsite inspection is conducted to assess compliance with quality assurance in the delivery of patient services. Annual inspections are made on an unannounced basis or more frequently as needed.

### Overview of enforcement system:

- Follow up activities include at least one onsite visit during the year to determine that corrective action has been made with deficiency areas. Complaint visits are made as necessary.

- State sanctions are limited in nature by state law. Delaware Code provides for two short term licenses which are:

    a. provisional license - granted for 90 days only when nursing home is not in full compliance but demonstrates evidence of improvement;

    b. restricted license-granted for 90 days when nursing home is not in compliance and does not demonstrate evidence of improvement. The holder of a restricted license may not admit patients to the home during the period of restriction, but the home may remain in operation until such license is revoked, expires, or becomes annual or provisional.

- Provisional and restricted licenses are granted only by the State Board of Health

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**Resources available to consumers:**

- State Survey Agency* - Licensure, Medicare and Medicaid Programs

  Health Facilities Licensing and Certification
  Department of Health and Social Services
  3000 Newport Gap Pike
  Wilmington, DE 19808
  Telephone (302) 995-6674

- Ombudsman Program

  Division of Aging
  Department of Health and Social Services
  1901 N. DuPont Highway
  New Castle, DE 19720
  Telephone (302) 421-6791

- Complaints Units

- State Survey Agency or Ombudsman Program as listed above

  Adult Protective Services "Hotline"
  Telephone 1-800-223-9074

- Medicaid Fraud and Abuse of Funds

  Department of Justice
  Carvel State Office Building
  820 French Street
  Wilmington, DE 19801
  Telephone (302) 571-3047

- State Office on Aging

  Division of Aging
  Department of Health and Social Services
  1901 N. DuPont Highway
  New Castle, DE 19720
  Telephone (302) 421-6791

- Medicaid State Agency

  Division of Social Services
  Department of Health and Social Services
  1901 N. DuPont Highway
  New Castle, DE 19720
  Telephone (302) 421-6135

*Office to contact for compliance actions

## Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

### Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

## AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

## Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

**Health Care Financing Administration (HCFA)**

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

**Region I/Boston**

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

**Region II/New York**

New Jersey, New York, Puerto Rico, and Virgin Islands

**Region III/Philadelphia**

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

**Region IV/Atlanta**

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

**Region V/Chicago**

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

**Region VI/Dallas**

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

**Region VII/Kansas City**

Iowa, Kansas, Missouri, and Nebraska

**Region VIII/Denver**

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

**Region IX/San Francisco**

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

**Region X/Seattle**

Alaska, Idaho, Oregon, and Washington

## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

## Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

## Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

## Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- Ask about how individual activity preferences are encouraged and supported by the facility.

# Glossary of Terms

## Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

**Bed Sore**. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

**Catheter.** See **Urinary Catheter.**

**Colostomy or Ileostomy**. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes**. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent**. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections**. Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques**. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training**. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

**Respiratory Care**. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

**Suctioning**. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care**. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring**. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

**Urinary Catheter**. A tube inserted into the bladder to remove urine

# HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

## EXAMPLE

### NURSING HOME PROFILE
### STATESBORO NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:** | | **City and State:** | |
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

| | |
|---|---|
| **Name:** | Self explanatory |
| **Street Address:** | Self explanatory |
| **City and State:** | Self explanatory |

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds**: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership**: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date**: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

**Compliance Action**: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

**Total Residents on Day of Survey:**

**Medicare Residents:**

**Medicaid Residents:**

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 78 | 83.0 | 82.9 | 82.0 |

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

## EXAMPLE

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 5 | 4.1 | 232 | 2.3 |

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

# Alphabetical Index of Nursing Homes

*Facility Name* — *Page*

BRANDYWINE SPRINGS NRSG + CONV HOME 89
CHURCHMAN VILLAGE INC 57
COKESBURY VILLAGE 29
COURTLAND MANOR NSG CONV HOME 9
CRESCENT FARMS NSG CONV 13
DELAWARE HOSP FOR CHRONICALLY ILL 77
DELAWARE STATE HOSP/CARVEL BLDG 53
EMILY P BISSELL HOSPITAL 93
EPISCOPAL CHURCH HOME 33
FORWOOD MANOR 97
FOULK MANOR NORTH 101
GOVERNOR BACON HLTH CTR 1
HARBOR HEALTHCARE & REHAB CTR INC 37
HARRISON HOUSE GEORGETOWN 25
HARRISON HOUSE OF DELMAR 5
HILLSIDE HOUSE 105
HOME FOR AGED WOMEN-INFIRMARY 109
JEANNE JUGAN RESIDENCE 61
KENT CONV CNTR 81
KENTMERE HOME OF MERCIFUL REST SOC 113
LAYTON HOME 117
LEADER NRSG + REHAB CTR 121
LEADER NSG + REHAB CNTR - PIKE CREEK 125
LEWES CONV CTR 41
MARY CAMPBELL CENTER 129
METHODIST COUNTRY HOUSE 133
METHODIST MANOR HOUSE 69
MILFORD MANOR 45
MILLCROFT 65
MILLSBORO NSG HOME 49
MILTON HATTIE KUTZ HOME 137
PARKVIEW CONVALESCENT CTR 141
SCOTT NRS HOME 85
SEAFORD RETIRE + REHAB CNTR 73
SHIPLEY MANOR HLTH CNTR 145
SILVER LAKE NRSNG & REHAB CNTR 17
STONEGATES 149
TILTON TERRACE 153
WESTMINSTER VILLAGE HLTH CNTR 21

## NURSING HOME PROFILE
## GOVERNOR BACON HLTH CTR

**Street Address:** TILTON BLDG

**City and State:** DELAWARE CITY, DE 19706

**Participation:** MEDICAID ICF

**# of Beds:** 122

**Type of Ownership:** STATE GOVERNMENT

**Survey Date:** 01/12/89

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?** NO

### SELECTED RESIDENT CHARACTERISTICS

**Total Residents on Day of Survey:** 122

**Medicare Residents:** 0

**Medicaid Residents:** 98

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 110 | 90.2 | 75.2 | 78.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 117 | 95.9 | 82.7 | 76.5 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 73 | 59.8 | 53.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 94 | 77.0 | 71.0 | 67.1 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 77 | 63.1 | 54.2 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 21 | 17.2 | 10.3 | 5.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 39 | 32.0 | 30.1 | 30.4 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.2 | 2.8 |
| **Residents confined to chairs.** | 46 | 37.7 | 43.2 | 40.9 |
| **Residents requiring restraints.** | 52 | 42.6 | 28.7 | 30.9 |
| **Confused or disoriented residents.** | 111 | 91.0 | 68.7 | 55.4 |
| **Residents with bed sores.** | 6 | 4.9 | 5.1 | 4.8 |
| **Residents receiving special skin care.** | 53 | 43.4 | 30.1 | 23.5 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 64 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 0 | 0.0 | 176 | 3.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 71 | 1.3 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 0 | 0.0 | 568 | 10.7 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 0 | 0.0 | 716 | 13.5 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 22 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 0 | 0.0 | 70 | 1.3 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 19 | 0.4 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 28 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 15 | 0.3 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 0 | 0.0 | 315 | 6.0 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 4 | 57.1 | 960 | 18.2 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 1 | 14.3 | 677 | 12.8 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 1 | 14.3 | 383 | 7.2 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 1 | 14.3 | 955 | 18.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 1 | 14.3 | 820 | 15.5 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | NOT MET | 1 | 14.3 | 352 | 6.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 1 | 14.3 | 683 | 12.9 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 14.3 | 345 | 6.5 |
| Drugs are administered according to the written orders of the attending physician. | MET | NOT MET | 2 | 28.6 | 1194 | 22.6 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | NOT MET | 4 | 57.1 | 998 | 18.9 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 0 | 0.0 | 278 | 5.3 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 1 | 14.3 | 299 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 2 | 28.6 | 594 | 11.2 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 322 | 6.1 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | NOT MET | 1 | 14.3 | 837 | 15.8 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | NOT MET | 4 | 57.1 | 1089 | 20.6 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 1 | 14.3 | 269 | 5.1 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 4 | 57.1 | 2043 | 38.6 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F095 F096 F097 F100 F102 F105 F126
F127* F133* F134 F135 F170 F191* F196* F258
F263 F293* F298 F313* F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

## NURSING HOME PROFILE
## HARRISON HOUSE OF DELMAR

| | | | |
|---|---|---|---|
| **Street Address:**<br>101 E DELAWARE AVE | | **City and State:**<br>DELMAR, DE 19940 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>124 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/03/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
YES

### SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>98 | **Medicare Residents:**<br>10 | **Medicaid Residents:**<br>67 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 84 | 85.7 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 87 | 88.8 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 82 | 83.7 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 78 | 79.6 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 76 | 77.6 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 37 | 37.8 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 2 | 2.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 14 | 14.3 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 35 | 35.7 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 58 | 59.2 | 56.4 | 58.6 |
| **Residents with bed sores.** | 11 | 11.2 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 30 | 30.6 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | NOT MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | NOT MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F180 F206 F218* F230 F294 F298 F332* F340*
F342 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
# COURTLAND MANOR NSG CONV HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>889 S LITTLE CREEK RD | | **City and State:**<br>DOVER, DE 19901 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>101 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/20/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
YES

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 87 | 0 | 6 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 87.4 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 76 | 87.4 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 67 | 77.0 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 65 | 74.7 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 55 | 63.2 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 29 | 33.3 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 4 | 4.6 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 20 | 23.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 32 | 36.8 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 47 | 54.0 | 56.4 | 58.6 |
| **Residents with bed sores.** | 5 | 5.7 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 18 | 20.7 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | NOT MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | NOT MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | NOT MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| F096 | F102 | F126 | F127* | F129* | F131* | F133* | F134 |
| F139 | F140 | F180 | F205 | F232 | F296 | F332* | F340* |
| F342 | F345* | F353 | F355 | F356 | | | |

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## CRESCENT FARMS NSG CONV

| | |
|---|---|
| **Street Address:**<br>PO BOX 635 ARTIS DR | **City and State:**<br>DOVER, DE 19901 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>80 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/19/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
YES

### SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>47 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>27 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 35 | 74.5 | 75.2 | 78.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 37 | 78.7 | 82.7 | 76.5 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 15 | 31.9 | 53.3 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 72.3 | 71.0 | 67.1 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 72.3 | 54.2 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.3 | 5.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 34 | 72.3 | 30.1 | 30.4 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.2 | 2.8 |
| **Residents confined to chairs.** | 29 | 61.7 | 43.2 | 40.9 |
| **Residents requiring restraints.** | 25 | 53.2 | 28.7 | 30.9 |
| **Confused or disoriented residents.** | 37 | 78.7 | 68.7 | 55.4 |
| **Residents with bed sores.** | 6 | 12.8 | 5.1 | 4.8 |
| **Residents receiving special skin care.** | 11 | 23.4 | 30.1 | 23.5 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 64 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 0 | 0.0 | 176 | 3.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 71 | 1.3 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 0 | 0.0 | 568 | 10.7 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | MET | 0 | 0.0 | 716 | 13.5 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 22 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 0 | 0.0 | 70 | 1.3 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 19 | 0.4 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 28 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 15 | 0.3 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | MET | 0 | 0.0 | 315 | 6.0 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | NOT MET | 4 | 57.1 | 960 | 18.2 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | NOT MET | 1 | 14.3 | 677 | 12.8 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | NOT MET | 1 | 14.3 | 383 | 7.2 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | NOT MET | 1 | 14.3 | 955 | 18.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | NOT MET | 1 | 14.3 | 820 | 15.5 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | MET | 1 | 14.3 | 352 | 6.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | NOT MET | 1 | 14.3 | 683 | 12.9 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | NOT MET | 1 | 14.3 | 345 | 6.5 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 2 | 28.6 | 1194 | 22.6 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | NOT MET | 4 | 57.1 | 998 | 18.9 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | MET | 0 | 0.0 | 278 | 5.3 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | NOT MET | 1 | 14.3 | 299 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | NOT MET | 2 | 28.6 | 594 | 11.2 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | MET | 0 | 0.0 | 322 | 6.1 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 14.3 | 837 | 15.8 |
| All common resident areas are clean, sanitary and free of odors. | MET | NOT MET | 4 | 57.1 | 1089 | 20.6 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | NOT MET | 1 | 14.3 | 269 | 5.1 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | MET | 4 | 57.1 | 2043 | 38.6 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F096 F127* F128* F129* F130 F131* F132*
F134 F139 F172 F173* F174 F175 F176 F179
F180 F181* F182 F194 F196* F199 F236 F237*
F242* F250 F260 F294 F313* F328 F345* F348
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## SILVER LAKE NRSNG & REHAB CNTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>1080 SILVER LAKE BLVD | | **City and State:**<br>DOVER, DE 19901 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/05/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 106 | 6 | 48 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 97 | 91.5 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 97 | 91.5 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 86 | 81.1 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 86 | 81.1 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 79 | 74.5 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 34 | 32.1 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 4 | 3.8 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 51 | 48.1 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 48 | 45.3 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 56 | 52.8 | 56.4 | 58.6 |
| **Residents with bed sores.** | 14 | 13.2 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 40 | 37.7 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | NOT MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F180 F199 F242* F330 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

## NURSING HOME PROFILE
## WESTMINSTER VILLAGE HLTH CNTR

| | |
|---|---|
| **Street Address:**<br>1175 MCKEE RD | **City and State:**<br>DOVER, DE 19901 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>99 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>12/14/88 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 88 | 5 | 48 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 78 | 88.6 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 72 | 81.8 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 62 | 70.5 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 72.7 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 59.1 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 36 | 40.9 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 53 | 60.2 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 3 | 3.4 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 41 | 46.6 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 25 | 28.4 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 49 | 55.7 | 56.4 | 58.6 |
| **Residents with bed sores.** | 14 | 15.9 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 37 | 42.0 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | NOT MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F126 F133* F134 F135 F177 F180 F182
F206 F240 F242* F316 F339 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

## NURSING HOME PROFILE
## HARRISON HOUSE GEORGETOWN

| | | | |
|---|---|---|---|
| **Street Address:**<br>110 W NORTH ST | | **City and State:**<br>GEORGETOWN, DE 19947 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>101 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/06/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
YES

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 75 | 4 | 18 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 72 | 96.0 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 65 | 86.7 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 69 | 92.0 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 63 | 84.0 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 70 | 93.3 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 44 | 58.7 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 60 | 80.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 35 | 46.7 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 57 | 76.0 | 56.4 | 58.6 |
| **Residents with bed sores.** | 3 | 4.0 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 25 | 33.3 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | NOT MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F102 F127* F130 F134 F173* F180 F210
F218* F297 F298 F332* F339 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## COKESBURY VILLAGE

| | |
|---|---|
| **Street Address:**<br>LANCASTER PIKE LOVEVILLE RD | **City and State:**<br>HOCKESSIN, DE 19707 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>84 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>08/09/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>80 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 45 | 56.3 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 70 | 87.5 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 61 | 76.2 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 67.5 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 65.0 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 8 | 10.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 43 | 53.7 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 1 | 1.2 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 32 | 40.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 22 | 27.5 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 54 | 67.5 | 56.4 | 58.6 |
| **Residents with bed sores.** | 2 | 2.5 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 20 | 25.0 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

# NURSING HOME PROFILE
# EPISCOPAL CHURCH HOME

**Street Address:** R3 BOX 233

**City and State:** HOCKESSIN, DE 19707

**Participation:** MEDICARE/MEDICAID SNF/ICF

**# of Beds:** 173

**Type of Ownership:** NON-PROFIT OTHER

**Survey Date:** 10/19/89

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?** NO

## SELECTED RESIDENT CHARACTERISTICS

**Total Residents on Day of Survey:** 146

**Medicare Residents:** 4

**Medicaid Residents:** 49

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 92 | 63.0 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 112 | 76.7 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 110 | 75.3 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 131 | 89.7 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 99 | 67.8 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 60 | 41.1 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 2 | 1.4 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 74 | 50.7 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 64 | 43.8 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 89 | 61.0 | 56.4 | 58.6 |
| **Residents with bed sores.** | 8 | 5.5 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 115 | 78.8 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | NOT MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F135 F173* F244

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
# HARBOR HEALTHCARE & REHAB CTR INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>OCEAN VIEW BLVD | | **City and State:**<br>LEWES, DE 19958 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>119 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/28/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 91 | 15 | 41 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 80 | 87.9 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 86 | 94.5 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 64 | 70.3 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 62 | 68.1 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 62 | 68.1 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 26.4 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 39 | 42.9 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 11 | 12.1 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 28 | 30.8 | 56.4 | 58.6 |
| **Residents with bed sores.** | 4 | 4.4 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 3 | 3.3 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | N/A | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | N/A | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | N/A | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | N/A | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | N/A | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | N/A | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | N/A | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | N/A | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | N/A | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | N/A | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | N/A | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | N/A | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | N/A | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | N/A | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | N/A | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | N/A | NOT MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | N/A | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | N/A | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | N/A | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | N/A | NOT MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | N/A | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | N/A | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | N/A | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | N/A | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | N/A | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | N/A | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | N/A | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | N/A | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | N/A | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | N/A | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | N/A | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | N/A | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F126 F132* F134 F135 F182 F191* F263
F286 F323 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## LEWES CONV CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>440 MARKET ST | | **City and State:**<br>LEWES, DE 19958 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>90 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/13/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>86 | **Medicare Residents:**<br>4 | **Medicaid Residents:**<br>46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 71 | 82.6 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 74 | 86.0 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 71 | 82.6 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 71 | 82.6 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 61 | 70.9 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 35 | 40.7 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 4 | 4.7 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 30 | 34.9 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 6 | 7.0 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 32 | 37.2 | 56.4 | 58.6 |
| **Residents with bed sores.** | 4 | 4.7 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 8 | 9.3 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | NOT MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | NOT MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F126 F129* F134 F135 F136 F137
F141 F142 F180 F210 F224 F231 F232 F257
F264 F286 F321 F323 F330 F338 F339 F340*
F342 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

## NURSING HOME PROFILE
## MILFORD MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>700 MARVEL RD | | **City and State:**<br>MILFORD, DE 19963 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>126 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/24/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**

NO

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 111 | 9 | 65 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 104 | 93.7 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 104 | 93.7 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 97 | 87.4 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 98 | 88.3 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 95 | 85.6 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 47 | 42.3 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 53 | 47.7 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 28 | 25.2 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 68 | 61.3 | 56.4 | 58.6 |
| **Residents with bed sores.** | 21 | 18.9 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 40 | 36.0 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | NOT MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | NOT MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | NOT MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

**Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.**

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084
F095
F096
F097
F102
F133*
F140
F173*
F180
F185
F189
F190
F191*
F193
F194
F195
F196*
F199
F204
F205
F206
F236
F242*
F273
F323
F328
F329
F330
F332*
F340*
F343
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

## NURSING HOME PROFILE
## MILLSBORO NSG HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>231 S WASHINGTON ST | | **City and State:**<br>MILLSBORO, DE 19966 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>95 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/30/88 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 93 | 0 | 39 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 81.7 | 75.2 | 78.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 81 | 87.1 | 82.7 | 76.5 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 64 | 68.8 | 53.3 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 76 | 81.7 | 71.0 | 67.1 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 64 | 68.8 | 54.2 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.3 | 5.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 22 | 23.7 | 30.1 | 30.4 |
| **Completely bedfast residents.** | 1 | 1.1 | 0.2 | 2.8 |
| **Residents confined to chairs.** | 51 | 54.8 | 43.2 | 40.9 |
| **Residents requiring restraints.** | 30 | 32.3 | 28.7 | 30.9 |
| **Confused or disoriented residents.** | 54 | 58.1 | 68.7 | 55.4 |
| **Residents with bed sores.** | 2 | 2.2 | 5.1 | 4.8 |
| **Residents receiving special skin care.** | 5 | 5.4 | 30.1 | 23.5 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 64 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 0 | 0.0 | 176 | 3.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 71 | 1.3 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 0 | 0.0 | 568 | 10.7 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 0 | 0.0 | 716 | 13.5 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 22 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 0 | 0.0 | 70 | 1.3 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 19 | 0.4 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 28 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 15 | 0.3 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 0 | 0.0 | 315 | 6.0 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 4 | 57.1 | 960 | 18.2 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 1 | 14.3 | 677 | 12.8 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 1 | 14.3 | 383 | 7.2 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 1 | 14.3 | 955 | 18.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 1 | 14.3 | 820 | 15.5 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 1 | 14.3 | 352 | 6.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 1 | 14.3 | 683 | 12.9 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 14.3 | 345 | 6.5 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 2 | 28.6 | 1194 | 22.6 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 4 | 57.1 | 998 | 18.9 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 0 | 0.0 | 278 | 5.3 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 1 | 14.3 | 299 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | MET | 2 | 28.6 | 594 | 11.2 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 322 | 6.1 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | MET | 1 | 14.3 | 837 | 15.8 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | NOT MET | 4 | 57.1 | 1089 | 20.6 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 1 | 14.3 | 269 | 5.1 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 4 | 57.1 | 2043 | 38.6 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F134 F135 F185 F219 F295 F297
F305 F306 F313* F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## DELAWARE STATE HOSP/CARVEL BLDG

| | |
|---|---|
| **Street Address:**<br>1901 N DUPONT HGWY | **City and State:**<br>NEW CASTLE, DE 19720 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>59 | **Type of Ownership:**<br>STATE GOVERNMENT | **Survey Date:**<br>02/10/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>54 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 83.3 | 75.2 | 78.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 83.3 | 82.7 | 76.5 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 24 | 44.4 | 53.3 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 31.5 | 71.0 | 67.1 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 31.5 | 54.2 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 16 | 29.6 | 10.3 | 5.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 20.4 | 30.1 | 30.4 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.2 | 2.8 |
| **Residents confined to chairs.** | 7 | 13.0 | 43.2 | 40.9 |
| **Residents requiring restraints.** | 3 | 5.6 | 28.7 | 30.9 |
| **Confused or disoriented residents.** | 54 | 100 | 68.7 | 55.4 |
| **Residents with bed sores.** | 1 | 1.9 | 5.1 | 4.8 |
| **Residents receiving special skin care.** | 11 | 20.4 | 30.1 | 23.5 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 64 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 0 | 0.0 | 176 | 3.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 71 | 1.3 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 0 | 0.0 | 568 | 10.7 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 0 | 0.0 | 716 | 13.5 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 22 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 0 | 0.0 | 70 | 1.3 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 19 | 0.4 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 28 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 15 | 0.3 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 0 | 0.0 | 315 | 6.0 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 4 | 57.1 | 960 | 18.2 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 1 | 14.3 | 677 | 12.8 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 1 | 14.3 | 383 | 7.2 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 1 | 14.3 | 955 | 18.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 1 | 14.3 | 820 | 15.5 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 1 | 14.3 | 352 | 6.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 1 | 14.3 | 683 | 12.9 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 14.3 | 345 | 6.5 |
| Drugs are administered according to the written orders of the attending physician. | MET | NOT MET | 2 | 28.6 | 1194 | 22.6 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | NOT MET | 4 | 57.1 | 998 | 18.9 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 0 | 0.0 | 278 | 5.3 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 1 | 14.3 | 299 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | NOT MET | 2 | 28.6 | 594 | 11.2 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 322 | 6.1 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | MET | 1 | 14.3 | 837 | 15.8 |
| All common resident areas are clean, sanitary and free of odors. | MET | NOT MET | 4 | 57.1 | 1089 | 20.6 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 1 | 14.3 | 269 | 5.1 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 4 | 57.1 | 2043 | 38.6 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F134 F135 F180 F182 F191* F196*
F199 F242* F246 F263 F285 F288 F313* F332*
F348 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

## NURSING HOME PROFILE
## CHURCHMAN VILLAGE INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>4949 OGLETOWN STANTON RD | | **City and State:**<br>NEWARK, DE 19713 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>99 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/19/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 96 | 7 | 40 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 81 | 84.4 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 86 | 89.6 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 77 | 80.2 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 77 | 80.2 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 81 | 84.4 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 32 | 33.3 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 3 | 3.1 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 70 | 72.9 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 47 | 49.0 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 72 | 75.0 | 56.4 | 58.6 |
| **Residents with bed sores.** | 10 | 10.4 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 57 | 59.4 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | NOT MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | NOT MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | NOT MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | NOT MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F124 F126 F128* F129* F139 F175 F206
F306 F313* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## JEANNE JUGAN RESIDENCE

| | | | |
|---|---|---|---|
| **Street Address:**<br>185 SALEM CHURCH RD | | **City and State:**<br>NEWARK, DE 19713 | |
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>107 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>03/09/89 |

**Compliance Action:**

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**

NO

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 106 | 0 | 76 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 76 | 71.7 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 50 | 47.2 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 27 | 25.5 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 70 | 66.0 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 21.7 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 8 | 7.5 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 17 | 16.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 8 | 7.5 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 21 | 19.8 | 56.4 | 58.6 |
| **Residents with bed sores.** | 0 | 0.0 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 21 | 19.8 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## MILLCROFT

| | | | |
|---|---|---|---|
| **Street Address:**<br>255 POSSUM PARK RD | | **City and State:**<br>NEWARK, DE 19711 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/10/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 96 | 4 | 26 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 72 | 75.0 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 71 | 74.0 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 66 | 68.8 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 85 | 88.5 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 61 | 63.5 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 30 | 31.3 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 40 | 41.7 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 45 | 46.9 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 63 | 65.6 | 56.4 | 58.6 |
| **Residents with bed sores.** | 6 | 6.3 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 8 | 8.3 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | NOT MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | NOT MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F101 F127* F130 F173* F177 F206 F242*
F263 F273 F287 F288 F313* F321 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## METHODIST MANOR HOUSE

| | | | |
|---|---|---|---|
| **Street Address:**<br>1001 MIDDLEFORD RD | | **City and State:**<br>SEAFORD, DE 19973 | |
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>78 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>08/30/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 74 | 4 | 0 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 61 | 82.4 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 69 | 93.2 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 52 | 70.3 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 60.8 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 66.2 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 20.3 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 1 | 1.4 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 25 | 33.8 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 30 | 40.5 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 34 | 45.9 | 56.4 | 58.6 |
| **Residents with bed sores.** | 1 | 1.4 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 74 | 100 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F332* F339 F340* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## SEAFORD RETIRE + REHAB CNTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>1100 NORMAN ESKRIDGE HWY | | **City and State:**<br>SEAFORD, DE 19973 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>124 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/02/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 124 | 1 | 78 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 97 | 78.2 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 103 | 83.1 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 95 | 76.6 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 90 | 72.6 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 85 | 68.5 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 13 | 10.5 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 46 | 37.1 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 6 | 4.8 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 57 | 46.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 30 | 24.2 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 79 | 63.7 | 56.4 | 58.6 |
| **Residents with bed sores.** | 16 | 12.9 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 43 | 34.7 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | NOT MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | NOT MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

SEAFORD, DE

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F117 F119 F126 F130 F132* F133* F134
F263 F298 F332* F340* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
# DELAWARE HOSP FOR CHRONICALLY ILL

| | | | |
|---|---|---|---|
| **Street Address:**<br>SUNNYSIDE RD | | **City and State:**<br>SMYRNA, DE 19977 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>519 | **Type of Ownership:**<br>STATE GOVERNMENT | **Survey Date:**<br>09/29/88 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>517 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>401 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 453 | 87.6 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 471 | 91.1 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 425 | 82.2 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 449 | 86.8 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 392 | 75.8 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.2 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 283 | 54.7 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 8 | 1.5 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 396 | 76.6 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 226 | 43.7 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 298 | 57.6 | 56.4 | 58.6 |
| **Residents with bed sores.** | 30 | 5.8 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 398 | 77.0 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | N/A | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | N/A | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | N/A | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | N/A | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | N/A | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | N/A | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | N/A | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | N/A | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | N/A | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | N/A | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | N/A | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | N/A | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | N/A | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | N/A | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | N/A | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | N/A | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | N/A | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | N/A | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | N/A | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | N/A | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | N/A | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | N/A | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | N/A | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | N/A | NOT MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | N/A | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | N/A | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | N/A | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | N/A | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | N/A | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | N/A | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | N/A | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | N/A | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F133* F134 F177 F182 F206 F242* F243
F274 F288 F321 F332* F338 F339 F340* F346
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## KENT CONV CNTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>1455 S DUPONT HGHWY | | **City and State:**<br>SMYRNA, DE 19977 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>154 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/13/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 140 | 10 | 64 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 115 | 82.1 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 115 | 82.1 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 100 | 71.4 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 122 | 87.1 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 101 | 72.1 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 18 | 12.9 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 44 | 31.4 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 2 | 1.4 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 84 | 60.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 43 | 30.7 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 87 | 62.1 | 56.4 | 58.6 |
| **Residents with bed sores.** | 12 | 8.6 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 16 | 11.4 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

SMYRNA, DE

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F095 F096 F097 F127* F139 F173* F199 F206
F340* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## SCOTT NRS HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>MAIN MT VERNON STS | | **City and State:**<br>SMYRNA, DE 19977 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>33 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/14/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 28 | 0 | 11 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 23 | 82.1 | 75.2 | 78.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 24 | 85.7 | 82.7 | 76.5 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 20 | 71.4 | 53.3 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 100 | 71.0 | 67.1 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 71.4 | 54.2 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 7 | 25.0 | 10.3 | 5.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 42.9 | 30.1 | 30.4 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.2 | 2.8 |
| **Residents confined to chairs.** | 9 | 32.1 | 43.2 | 40.9 |
| **Residents requiring restraints.** | 13 | 46.4 | 28.7 | 30.9 |
| **Confused or disoriented residents.** | 26 | 92.9 | 68.7 | 55.4 |
| **Residents with bed sores.** | 5 | 17.9 | 5.1 | 4.8 |
| **Residents receiving special skin care.** | 28 | 100 | 30.1 | 23.5 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 64 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 0 | 0.0 | 176 | 3.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 71 | 1.3 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 0 | 0.0 | 568 | 10.7 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 0 | 0.0 | 716 | 13.5 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 22 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 0 | 0.0 | 70 | 1.3 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 19 | 0.4 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 28 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 15 | 0.3 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 0 | 0.0 | 315 | 6.0 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 4 | 57.1 | 960 | 18.2 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 1 | 14.3 | 677 | 12.8 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 1 | 14.3 | 383 | 7.2 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 1 | 14.3 | 955 | 18.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 1 | 14.3 | 820 | 15.5 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 1 | 14.3 | 352 | 6.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 1 | 14.3 | 683 | 12.9 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 14.3 | 345 | 6.5 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 2 | 28.6 | 1194 | 22.6 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 4 | 57.1 | 998 | 18.9 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 0 | 0.0 | 278 | 5.3 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 1 | 14.3 | 299 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 2 | 28.6 | 594 | 11.2 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 322 | 6.1 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 14.3 | 837 | 15.8 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 57.1 | 1089 | 20.6 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 1 | 14.3 | 269 | 5.1 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | MET | 4 | 57.1 | 2043 | 38.6 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

# NURSING HOME PROFILE
## BRANDYWINE SPRINGS NRSG + CONV HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>505 GREENBANK RD | | **City and State:**<br>WILMINGTON, DE 19805 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>106 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/27/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 87 | 18 | 24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 78 | 89.7 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 76 | 87.4 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 68 | 78.2 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 68 | 78.2 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 74 | 85.1 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 7 | 8.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 68 | 78.2 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 1 | 1.1 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 51 | 58.6 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 49 | 56.3 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 57 | 65.5 | 56.4 | 58.6 |
| **Residents with bed sores.** | 10 | 11.5 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 70 | 80.5 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | NOT MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | NOT MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F127* F128* F131* F133* F134 F139 F173*
F180 F206 F210 F236 F263 F294 F332* F340*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## EMILY P BISSELL HOSPITAL

| | | | |
|---|---|---|---|
| **Street Address:**<br>3000 NEWPORT GAP PIKE | | **City and State:**<br>WILMINGTON, DE 19808 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>200 | **Type of Ownership:**<br>STATE GOVERNMENT | **Survey Date:**<br>12/09/88 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
YES

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 188 | 6 | 107 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 156 | 83.0 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 154 | 81.9 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 149 | 79.3 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 186 | 98.9 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 146 | 77.7 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 4 | 2.1 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 85 | 45.2 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 24 | 12.8 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 129 | 68.6 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 38 | 20.2 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 154 | 81.9 | 56.4 | 58.6 |
| **Residents with bed sores.** | 24 | 12.8 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 71 | 37.8 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | NOT MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | NOT MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | NOT MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | NOT MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | NOT MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | NOT MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | NOT MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | NOT MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | NOT MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | NOT MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

|  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|
| F084 | F085* | F093 | F101 | F102 | F123* | F124 | F127* |
| F128* | F129* | F130 | F131* | F133* | F134 | F135 | F139 |
| F171 | F172 | F173* | F175 | F176 | F177 | F178 | F180 |
| F181* | F182 | F191* | F199 | F206 | F218* | F239 | F240 |
| F241 | F242* | F243 | F273 | F305 | F321 | F323 | F324* |
| F331 | F332* | F340* | F342 | F343 | F344 | F346 |  |

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## FORWOOD MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>1912 MARCH RD | | **City and State:**<br>WILMINGTON, DE 19810 | |
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>90 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/26/88 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 7 | 0 | 0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 7 | 100 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 7 | 100 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 3 | 42.9 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 3 | 42.9 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 3 | 42.9 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 2 | 28.6 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 0 | 0.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 0 | 0.0 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 2 | 28.6 | 56.4 | 58.6 |
| **Residents with bed sores.** | 1 | 14.3 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 2 | 28.6 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | N/A | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | N/A | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | N/A | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | N/A | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | N/A | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | N/A | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | N/A | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | N/A | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | N/A | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | N/A | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | N/A | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | N/A | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | N/A | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | N/A | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | N/A | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | N/A | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | N/A | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | N/A | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | N/A | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | N/A | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | N/A | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | N/A | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | N/A | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | N/A | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | N/A | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | N/A | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | N/A | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | N/A | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | N/A | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | N/A | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | N/A | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | N/A | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F101 F102 F126 F134 F135 F180 F193
F197 F199 F204 F205 F206 F212 F265 F266
F268 F329 F330 F331 F332* F342 F350 F351
F353 F354 F355 F356 F357 F358 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## FOULK MANOR NORTH

**Street Address:** 1212 FOULK RD

**City and State:** WILMINGTON, DE 19803

**Participation:** MEDICARE SNF

**# of Beds:** 46

**Type of Ownership:** PROPRIETARY

**Survey Date:** 01/24/89

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?** NO

## SELECTED RESIDENT CHARACTERISTICS

**Total Residents on Day of Survey:** 44

**Medicare Residents:** 0

**Medicaid Residents:** 0

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 32 | 72.7 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 38 | 86.4 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 86.4 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 56.8 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 72.7 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 29.5 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 2 | 4.5 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 11 | 25.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 1 | 2.3 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 14 | 31.8 | 56.4 | 58.6 |
| **Residents with bed sores.** | 1 | 2.3 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 4 | 9.1 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | NOT MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | NOT MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F126 F133* F134 F180 F191* F195 F196*
F204 F206 F207 F213 F264 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

## NURSING HOME PROFILE
## HILLSIDE HOUSE

| | |
|---|---|
| **Street Address:**<br>810 S BROOM ST | **City and State:**<br>WILMINGTON, DE 19805 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>106 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/12/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>102 | **Medicare Residents:**<br>7 | **Medicaid Residents:**<br>42 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 87 | 85.3 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 82 | 80.4 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 81 | 79.4 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 85 | 83.3 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 77 | 75.5 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 45 | 44.1 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 5 | 4.9 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 37 | 36.3 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 34 | 33.3 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 59 | 57.8 | 56.4 | 58.6 |
| **Residents with bed sores.** | 4 | 3.9 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 26 | 25.5 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | NOT MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | NOT MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | NOT MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | NOT MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | NOT MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | NOT MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070 F085* F100 F102 F127* F128* F130 F132*
F133* F134 F169 F175 F176 F180 F218* F258
F262 F263 F287 F289 F295 F323 F324* F339
F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## HOME FOR AGED WOMEN-INFIRMARY

| | |
|---|---|
| **Street Address:**<br>1109 GILPIN AVE | **City and State:**<br>WILMINGTON, DE 19806 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>45 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>08/16/89 |

| | |
|---|---|
| **Compliance Action:**<br>If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume. | **COMPLIANCE ACTION?**<br>YES |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>31 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>13 |

| **Caution:** A large number of resident with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 5 | 16.1 | 75.2 | 78.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 10 | 32.3 | 82.7 | 76.5 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 8 | 25.8 | 53.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 7 | 22.6 | 71.0 | 67.1 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 7 | 22.6 | 54.2 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.3 | 5.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 3 | 9.7 | 30.1 | 30.4 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.2 | 2.8 |
| **Residents confined to chairs.** | 4 | 12.9 | 43.2 | 40.9 |
| **Residents requiring restraints.** | 0 | 0.0 | 28.7 | 30.9 |
| **Confused or disoriented residents.** | 10 | 32.3 | 68.7 | 55.4 |
| **Residents with bed sores.** | 2 | 6.5 | 5.1 | 4.8 |
| **Residents receiving special skin care.** | 10 | 32.3 | 30.1 | 23.5 |

WILMINGTON, DE

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 64 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 0 | 0.0 | 176 | 3.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 71 | 1.3 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 0 | 0.0 | 568 | 10.7 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 0 | 0.0 | 716 | 13.5 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 22 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 0 | 0.0 | 70 | 1.3 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 19 | 0.4 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 28 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 15 | 0.3 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 0 | 0.0 | 315 | 6.0 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 4 | 57.1 | 960 | 18.2 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 1 | 14.3 | 677 | 12.8 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 1 | 14.3 | 383 | 7.2 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 1 | 14.3 | 955 | 18.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 1 | 14.3 | 820 | 15.5 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 1 | 14.3 | 352 | 6.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 1 | 14.3 | 683 | 12.9 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 14.3 | 345 | 6.5 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 2 | 28.6 | 1194 | 22.6 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | NOT MET | 4 | 57.1 | 998 | 18.9 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 0 | 0.0 | 278 | 5.3 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 1 | 14.3 | 299 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 2 | 28.6 | 594 | 11.2 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 322 | 6.1 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 14.3 | 837 | 15.8 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 57.1 | 1089 | 20.6 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 1 | 14.3 | 269 | 5.1 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | MET | 4 | 57.1 | 2043 | 38.6 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196* F328 F330

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
# KENTMERE HOME OF MERCIFUL REST SOC

| | | | |
|---|---|---|---|
| **Street Address:**<br>1900 LOVERING AVE | | **City and State:**<br>WILMINGTON, DE 19806 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>106 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>02/15/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 72 | 0 | 26 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 38 | 52.8 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing | 46 | 63.9 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 35 | 48.6 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 59.7 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 45.8 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 26.4 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 1 | 1.4 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 38 | 52.8 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 9 | 12.5 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 20 | 27.8 | 56.4 | 58.6 |
| **Residents with bed sores.** | 0 | 0.0 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 15 | 20.8 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F139 F206 F210 F220 F330 F332* F340*
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

## NURSING HOME PROFILE
## LAYTON HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>300 E EIGHTH ST | | **City and State:**<br>WILMINGTON, DE 19801 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>108 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>05/25/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
YES

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 108 | 7 | 98 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 70.4 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 87 | 80.6 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 73 | 67.6 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 73 | 67.6 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 74 | 68.5 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 3 | 2.8 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 17.6 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 14 | 13.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 54 | 50.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 22 | 20.4 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 42 | 38.9 | 56.4 | 58.6 |
| **Residents with bed sores.** | 6 | 5.6 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 14 | 13.0 | 39.0 | 31.4 |

WILMINGTON, DE

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | NOT MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | NOT MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | NOT MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | NOT MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F094* F101 F124 F126 F127* F128* F129*
F130 F133* F134 F142 F169 F175 F178 F195
F196* F197 F199 F206 F263 F285 F332* F342
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## LEADER NRSG + REHAB CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>700 FOULK RD | | **City and State:**<br>WILMINGTON, DE 19803 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>128 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/19/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>114 | **Medicare Residents:**<br>31 | **Medicaid Residents:**<br>17 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 101 | 88.6 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 97 | 85.1 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 76 | 66.7 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 74 | 64.9 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 76 | 66.7 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 3 | 2.6 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 56 | 49.1 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 3 | 2.6 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 71 | 62.3 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 42 | 36.8 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 58 | 50.9 | 56.4 | 58.6 |
| **Residents with bed sores.** | 18 | 15.8 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 34 | 29.8 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | NOT MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | NOT MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | NOT MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | NOT MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | NOT MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | NOT MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | NOT MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F069 F080* F084 F085* F102 F118 F123* F124
F126 F129* F130 F134 F139 F171 F173* F175
F199 F206 F259 F262 F313* F321 F324* F338
F339 F340* F342 F343 F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## LEADER NSG + REHAB CNTR - PIKE CREEK

| | | | |
|---|---|---|---|
| **Street Address:**<br>5651 LIMESTONE RD | | **City and State:**<br>WILMINGTON, DE 19808 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>104 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/18/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 72 | 11 | 14 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 66 | 91.7 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 65 | 90.3 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 62 | 86.1 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 62.5 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 79.2 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 48 | 66.7 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 35 | 48.6 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 11 | 15.3 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 65 | 90.3 | 56.4 | 58.6 |
| **Residents with bed sores.** | 3 | 4.2 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 15 | 20.8 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | N/A | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | N/A | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | N/A | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | N/A | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | N/A | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | N/A | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | N/A | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | N/A | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | N/A | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | N/A | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | N/A | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | N/A | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | N/A | NOT MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | N/A | NOT MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | N/A | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | N/A | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | N/A | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | N/A | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | N/A | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | N/A | NOT MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | N/A | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | N/A | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | N/A | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | N/A | NOT MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | N/A | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | N/A | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | N/A | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | N/A | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | N/A | MET | 3 | 9.4 | 1452 | 14.1 |
| isolation techniques to prevent the spread of infection are followed by all personnel. | N/A | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | N/A | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | N/A | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F126 F128* F129* F136 F139 F171 F173*
F179 F180 F182 F191* F199 F206 F224 F227
F242* F263 F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## MARY CAMPBELL CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>4641 WELDIN RD | | **City and State:**<br>WILMINGTON, DE 19803 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>56 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>04/12/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>43 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 28 | 52.8 | 75.2 | 78.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 40 | 75.5 | 82.7 | 76.5 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 24 | 45.3 | 53.3 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 90.6 | 71.0 | 67.1 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 13 | 24.5 | 54.2 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 10.3 | 5.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 8 | 15.1 | 30.1 | 30.4 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.2 | 2.8 |
| **Residents confined to chairs.** | 39 | 73.6 | 43.2 | 40.9 |
| **Residents requiring restraints.** | 0 | 0.0 | 28.7 | 30.9 |
| **Confused or disoriented residents.** | 2 | 3.8 | 68.7 | 55.4 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.8 |
| **Residents receiving special skin care.** | 11 | 20.8 | 30.1 | 23.5 |

# SELECTED PERFORMANCE INDICATORS

**"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.**

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 64 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 0 | 0.0 | 176 | 3.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 71 | 1.3 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 0 | 0.0 | 568 | 10.7 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 0 | 0.0 | 716 | 13.5 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 22 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 0 | 0.0 | 70 | 1.3 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 19 | 0.4 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 28 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 15 | 0.3 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 0 | 0.0 | 315 | 6.0 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 4 | 57.1 | 960 | 18.2 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 1 | 14.3 | 677 | 12.8 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 1 | 14.3 | 383 | 7.2 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 1 | 14.3 | 955 | 18.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 1 | 14.3 | 820 | 15.5 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 1 | 14.3 | 352 | 6.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 1 | 14.3 | 683 | 12.9 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 14.3 | 345 | 6.5 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 2 | 28.6 | 1194 | 22.6 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 4 | 57.1 | 998 | 18.9 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 0 | 0.0 | 278 | 5.3 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 1 | 14.3 | 299 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 2 | 28.6 | 594 | 11.2 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 322 | 6.1 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 14.3 | 837 | 15.8 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 57.1 | 1089 | 20.6 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 1 | 14.3 | 269 | 5.1 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | NOT MET | 4 | 57.1 | 2043 | 38.6 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F135 F170 F199 F220 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## METHODIST COUNTRY HOUSE

|  |  |  |  |
|---|---|---|---|
| **Street Address:**<br>4830 KENNETT PK | | **City and State:**<br>WILMINGTON, DE 19807 | |
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>79 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>11/23/88 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
|---|---|---|
| 65 | 3 | 0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 55 | 84.6 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 58 | 89.2 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 41 | 63.1 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 55 | 84.6 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 72.3 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 55 | 84.6 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 23 | 35.4 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 39 | 60.0 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 35 | 53.8 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 0 | 0.0 | 56.4 | 58.6 |
| **Residents with bed sores.** | 8 | 12.3 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 0 | 0.0 | 39.0 | 31.4 |

WILMINGTON, DE

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | NOT MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## WILMINGTON, DE

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F135 F173* F180 F193 F195 F196*
F197 F199 F206 F328 F329 F330 F331 F332*
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## MILTON HATTIE KUTZ HOME

| | |
|---|---|
| **Street Address:**<br>704 RIVER RD | **City and State:**<br>WILMINGTON, DE 19809 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>82 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>11/15/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
YES

### SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>80 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>49 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 64 | 80.0 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 72 | 90.0 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 67 | 83.7 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 66 | 82.5 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 58 | 72.5 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 4 | 5.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 32 | 40.0 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 1 | 1.2 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 54 | 67.5 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 36 | 45.0 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 58 | 72.5 | 56.4 | 58.6 |
| **Residents with bed sores.** | 5 | 6.3 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 10 | 12.5 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | NOT MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | NOT MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | NOT MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F127* F129* F134 F135 F137 F180
F191* F242* F262 F263 F332* F340* F343 F346
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## PARKVIEW CONVALESCENT CTR

| | |
|---|---|
| **Street Address:**<br>2801 W 6TH ST | **City and State:**<br>WILMINGTON, DE 19807 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>150 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/05/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>132 | **Medicare Residents:**<br>3 | **Medicaid Residents:**<br>36 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 123 | 93.2 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 124 | 93.9 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 96 | 72.7 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 91 | 68.9 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 109 | 82.6 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 28 | 21.2 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 1 | 0.8 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 74 | 56.1 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 58 | 43.9 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 76 | 57.6 | 56.4 | 58.6 |
| **Residents with bed sores.** | 16 | 12.1 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 40 | 30.3 | 39.0 | 31.4 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | NOT MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | NOT MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | NOT MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | NOT MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | NOT MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | NOT MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | NOT MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | NOT MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | NOT MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | NOT MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | NOT MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | NOT MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073*
F084
F085*
F098
F100
F102
F119
F123*
F124
F126
F127*
F128*
F129*
F130
F131*
F134
F135
F137
F171
F173*
F174
F175
F176
F177
F180
F189
F191*
F195
F196*
F199
F204
F206
F207
F208
F210
F213
F252
F257
F262
F263
F264
F274
F285
F288
F293*
F294
F313*
F316
F328
F330
F332*
F339
F340*
F342
F346
F355

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
# SHIPLEY MANOR HLTH CNTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>2723 SHIPLEY RD | | **City and State:**<br>WILMINGTON, DE 19810 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>80 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/14/88 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 73 | 1 | 24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 63 | 86.3 | 82.7 | 82.0 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 47 | 64.4 | 84.7 | 84.0 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 47 | 64.4 | 75.2 | 75.0 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 73 | 100 | 79.7 | 76.9 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 53.4 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 21.9 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 28 | 38.4 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 23 | 31.5 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 44 | 60.3 | 56.4 | 58.6 |
| **Residents with bed sores.** | 4 | 5.5 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 10 | 13.7 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | NOT MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F116 F126 F143 F206 F255 F263 F329
F330 F331 F332* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## STONEGATES

| | |
|---|---|
| **Street Address:**<br>4031 KENNETT PK | **City and State:**<br>WILMINGTON, DE 19807 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>39 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>03/15/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

### SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>26 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>0 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 14 | 53.8 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 19 | 73.1 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 17 | 65.4 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 22 | 84.6 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 65.4 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 23.1 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 3 | 11.5 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 2 | 7.7 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 16 | 61.5 | 56.4 | 58.6 |
| **Residents with bed sores.** | 0 | 0.0 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 3 | 11.5 | 39.0 | 31.4 |

WILMINGTON, DE

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | MET | 0 | 0.0 | 151 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | NOT MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F119 F135 F255 F332* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

# NURSING HOME PROFILE
## TILTON TERRACE

| | |
|---|---|
| **Street Address:**<br>801 N BROOM ST | **City and State:**<br>WILMINGTON, DE 19806 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/02/89 |

**Compliance Action:**
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

**COMPLIANCE ACTION?**
NO

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 93 | 15 | 16 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 86 | 92.5 | 82.7 | 82.0 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 86 | 92.5 | 84.7 | 84.0 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 81 | 87.1 | 75.2 | 75.0 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 77 | 82.8 | 79.7 | 76.9 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 61.3 | 70.7 | 69.4 |
| Residents on individually written bowel and bladder retraining program. | 10 | 10.8 | 3.2 | 4.0 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 43 | 46.2 | 41.3 | 39.1 |
| **Completely bedfast residents.** | 0 | 0.0 | 3.4 | 3.2 |
| **Residents confined to chairs.** | 73 | 78.5 | 53.2 | 52.3 |
| **Residents requiring restraints.** | 37 | 39.8 | 33.5 | 40.4 |
| **Confused or disoriented residents.** | 52 | 55.9 | 56.4 | 58.6 |
| **Residents with bed sores.** | 8 | 8.6 | 7.9 | 7.6 |
| **Residents receiving special skin care.** | 52 | 55.9 | 39.0 | 31.4 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | MET | 0 | 0.0 | 225 | 2.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | MET | 3 | 9.4 | 441 | 4.3 |
| Each resident is free from mental and physical abuse. | MET | MET | 0 | 0.0 | 142 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | MET | 2 | 6.3 | 911 | 8.9 |
| Each resident is given privacy during treatment and care of personal needs. | MET | MET | 5 | 15.6 | 1511 | 14.7 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | MET | 0 | 0.0 | 45 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | MET | 1 | 3.1 | 298 | 2.9 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | MET | 0 | 0.0 | 48 | 0.5 |
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| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | MET | 0 | 0.0 | 70 | 0.7 |
| Nursing services are provided at all times to meet the needs of residents. | MET | MET | 3 | 9.4 | 631 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | MET | 10 | 31.3 | 2623 | 25.5 |
| Each resident receives care necessary to prevent skin breakdown. | MET | MET | 7 | 21.9 | 1944 | 18.9 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | MET | 9 | 28.1 | 1160 | 11.3 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | MET | 4 | 12.5 | 1757 | 17.1 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | MET | 3 | 9.4 | 2034 | 19.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET 87/88 | FACILITY MET/ NOT MET 88/89 | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 | | | |
|---|---|---|---|---|---|---|
| | | | STATE | | NATION | |
| | | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | NOT MET | 12 | 37.5 | 1528 | 14.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | MET | 11 | 34.4 | 2029 | 19.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | MET | 1 | 3.1 | 1395 | 13.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | NOT MET | 8 | 25.0 | 2492 | 24.2 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | MET | 5 | 15.6 | 1356 | 13.2 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | MET | 4 | 12.5 | 568 | 5.5 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | MET | 0 | 0.0 | 917 | 8.9 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | MET | 8 | 25.0 | 1551 | 15.1 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | MET | 0 | 0.0 | 1319 | 12.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | MET | 1 | 3.1 | 1156 | 11.2 |
| All common resident areas are clean, sanitary and free of odors. | MET | MET | 4 | 12.5 | 981 | 9.5 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | MET | 0 | 0.0 | 1411 | 13.7 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | MET | 3 | 9.4 | 1452 | 14.1 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | NOT MET | 20 | 62.5 | 2140 | 20.8 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | MET | 4 | 12.5 | 760 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | MET | 18 | 56.3 | 3729 | 36.3 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F134 F135 F179 F180 F182 F191* F252
F257 F262 F339 F340* F343 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

## PART B

## MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

LONG TERM CARE SURVEY

PROVIDER NUMBER

VENDOR NUMBER

SURVEY DATE

FACILITY NAME AND ADDRESS (*City, State, Zip Code*)

| SURVEYORS' NAMES | TITLES |
|---|---|
| | |
| | |
| | |

APPENDIX

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Disciplines:

A. ☐ Administrator
B. ☐ Nurse
C. ☐ Dietitian
D. ☐ Pharmacist
E. ☐ Records Administrator
F. ☐ Social Worker
G. ☐ Qualified [illegible] Retardation Professional

H. ☐ Life Safety Code Specialist
I. ☐ Laboratorian
J. ☐ Sanitarian
K. ☐ Therapist
L. ☐ Physician
M. ☐ Psychologist
N. ☐ Other

Note: More than [illegible] discipline may be marked for surveyors qualified in multiple disciplines.

[illegible] Indicate [illegible] Total Number of Surveyors Onsite: ____________________

Form [illegible]9 (7-88)

*(CONTINUED ON REVERSE)*

157

# RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

**PROVIDER NO.** ____________

F3 ☐ MEDICARE ________

F4 ☐ MEDICAID ________

F5 ☐ OTHER ________

F6 TOTAL RESIDENTS ________

CODE

## BATHING

F7 ___ Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.

F8 ___ Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.

F9 ___ **TOTAL***

## DRESSING

F10 ___ Number of residents totally dressed by another person.

F11 ___ Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)

F12 ___ Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.

F13 ___ **TOTAL***

## TOILETING

F14 ___ Number of residents not toileted. (Use protective padding, catheter.)

F15 ___ Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.

F16 ___ Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.

F17 ___ **TOTAL***

## TRANSFERRING

F18 ___ Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).

F19 ___ Number of residents needing assistance in transferring to toilet and tub only.

F20 ___ Number of residents able to complete all transfers independently (may or may not be using mechanical supports).

F21 ___ **TOTAL***

CODE

## CONTINENCE

F22 ___ Number of residents with indwelling or external catheters.

F23 ___ Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.

F24 ___ Number of residents with urination and defecation entirely self-controlled.

F25 ___ **TOTAL***

## FEEDING

F26 ___ Number of residents who receive enteral/parenteral feedings.

F27 ___ Number of residents who receive NG tube feedings.

F28 ___ Number of residents who require assistance in act of eating.

F29 ___ Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).

F30 ___ **TOTAL***

F31 ___ Number of completely bedfast residents.

F32 ___ Number of chairbound residents.

F33 ___ Number of ambulatory residents (may use cane, walker, or crutches).

F34 ___ Number of physically restrained residents (belt, vest, cuffs).

F35 ___ Number of residents receiving psychotropic drugs.

F36 ___ Number of confused or disoriented residents.

F37 ___ Number of residents with decubiti.

F38 ___ Number of residents on individually written bowel and bladder retraining program.

F39 ___ Number of residents receiving special skin care.

F40 ___ Number of residents receiving intravenous therapy and/or blood transfusion.

F41 ___ Number of residents requiring no assistance in ADLs.

F42 ___ Number of residents on self-administration of drugs.

F43 ___ Number of resident with contractures.

F44 ___ Number of residents receiving respiratory care.

F45 ___ Number of residents receiving tracheostomy care.

F46 ___ Number of residents receiving suctioning.

F47 ___ Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).

F48 ___ Number of residents receiving injections.

F49 ___ Number of residents receiving colostomy care.

Form HCFA-519 (7-88)

***MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY**

NAME OF FACILITY

| CODE | GOVERNING BODY | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
|  | **GOVERNING BODY *(CONDITION OF PARTICIPATION)*** |  |  |  |  |
| F50 | SNF (405.1121) ☐ MET ☐ NOT MET |  |  |  |  |
|  | **RESIDENT RIGHTS** |  |  |  |  |
| F51 | SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET<br>**Indicators A thru K apply to this standard for SNFs** |  |  |  |  |
| F52 | ICF (442.311) (Standard) ☐ MET ☐ NOT MET<br>**Indicators A thru K apply to this standard for ICFs** |  |  |  |  |
|  | **A. Information** |  |  |  |  |
| F53 | 1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities. |  |  |  |  |
| F54 | 2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct. |  |  |  |  |
| F55 | 3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct. |  |  |  |  |
| F56 | 4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it. |  |  |  |  |
| F57 | 5. The resident must be informed in writing of all services and charges for services. |  |  |  |  |
| F58 | 6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis. |  |  |  |  |
| F59 | 7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate. |  |  |  |  |

NAME OF FACILITY

| CODE | GOVERNING BODY | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
|  | B. **Medical Condition and Treatment** |  |  |  |  |
| F60 | 1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated. |  |  |  |  |
| F61 | 2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment. |  |  |  |  |
| F62 | 3. Each resident is given an opportunity to refuse treatment. |  |  |  |  |
| F63 | 4. Each resident gives informed, written consent before participating in experimental research. |  |  |  |  |
| F64 | 5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record. |  |  |  |  |
|  | C. **Transfer and Discharge**<br>Each resident is transferred or discharged only for: |  |  |  |  |
| F65 | 1. Medical reasons. |  |  |  |  |
| F66 | 2. His/her welfare or that of other residents. |  |  |  |  |
| F67 | 3. Nonpayment except as prohibited by the Medicare or Medicaid program. |  |  |  |  |
| F68 | 4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.** |  |  |  |  |
|  | D. **Exercising Rights** |  |  |  |  |
| F69 | 1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen. |  |  |  |  |
| F70 | 2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both. |  |  |  |  |

NAME OF FACILITY

| CODE | GOVERNING BODY | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F71 | 3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal. | | | | |
| | **E. Financial Affairs** | | | | |
| F72 | 1. Residents are allowed to manage their own personal financial affairs. | | | | |
| F73 | 2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis. | | | | |
| F74 | 3. The facility does not commingle resident funds with any other funds. | | | | |
| F75 | 4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing. | | | | |
| | 5. The facility system of accounting includes written receipts for: | | | | |
| F76 | All personal possessions and funds received by or deposited with the facility. | | | | |
| F77 | All disbursements made to or for the resident. | | | | |
| F78 | 6. The financial record must be available to the resident and his/her family. | | | | |
| | **F. Freedom from Abuse and Restraints** | | | | |
| F79 | 1. Each resident is free from mental and physical abuse. | | | | |
| F80 | 2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | | | | |

NAME OF FACILITY

| CODE | GOVERNING BODY | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F81 | 3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others. | | | | |
| F82 | 4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility. | | | | |
| F83 | 5. The emergency use is reported promptly to the resident's physician by the staff member. | | | | |
| | G. **Privacy** | | | | |
| F84 | 1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality. | | | | |
| F85 | 2. Each resident is given privacy during treatment and care of personal needs. | | | | |
| F86 | 3. Each resident's records, including information in an automated data bank, are treated confidentially. | | | | |
| F87 | 4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it. | | | | |
| F88 | 5. Married residents are given privacy during visits by their spouses. | | | | |
| F89 | 6. Married residents are permitted to share a room. | | | | |
| | H. **Work** | | | | |
| F90 | No resident may be required to perform services for the facility. | | | | |

NAME OF FACILITY

| CODE | GOVERNING BODY | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F91 | I. **Freedom of Association and Correspondence**<br>1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | | | | |
| F92 | 2. Each resident is allowed to send and receive personal mail unopened. | | | | |
| F93 | J. **Activities**<br>Each resident is allowed to participate in social, religious, and community group activities. | | | | |
| F94 | K. **Personal Possessions**<br>Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | | | | |
| F95 | L. **Delegation of Rights and Responsibilities**<br>ICF (442.312) (Standard) ☐ MET ☐ NOT MET | | | | |
| F96 | 1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities. | | | | |
| F97 | 2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record. | | | | |

NAME OF FACILITY

| CODE | GOVERNING BODY | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | **STAFF DEVELOPMENT** | | | | |
| F98 | SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F99 | ICF (442.314) (Standard) ☐ MET ☐ NOT MET | | | | |
| F100 | 1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled. | | | | |
| F101 | 2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled. | | | | |
| F102 | 3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights. | | | | |
| | **STATUS CHANGE NOTIFICATIONS** | | | | |
| F103 | SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F104 | ICF (442.307) (Standard) ☐ MET ☐ NOT MET | | | | |
| F105 | 1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters. | | | | |
| F106 | 2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | | | | |

104

NAME OF FACILITY

| CODE | PHYSICIANS' SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | **PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*** | | | | |
| F107 | SNF (405.1123) ☐ MET ☐ NOT MET | | | | |
| | **A. Medical Findings and Orders at Time of Admission** | | | | |
| F108 | SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F109 | 1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident. | | | | |
| F110 | 2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter. | | | | |

NAME OF FACILITY

| CODE | PHYSICIANS' SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | **B. Resident Supervision by Physician** | | | | |
| F111 | SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F112 | ICF (442.346) (Standard) ☐ MET ☐ NOT MET<br>**Indicators B and C apply to this standard for ICFs** | | | | |
| F113 | 1. Every resident must be under the supervision of a physician. | | | | |
| F114 | 2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs.<br>**Exception: Not required for ICF residents** | | | | |
| F115 | 3. A physician is available to provide care in the absence of any resident's attending physician. | | | | |
| F116 | 4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission.<br>**Exception: Not required for ICF residents.** | | | | |
| F117 | 5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission.<br>**Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.** | | | | |
| F118 | 6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary.<br>**Exception: Only medications must be reviewed quarterly for ICF residents.** | | | | |

166

NAME OF FACILITY

| CODE | PHYSICIANS' SERVICES/NURSING SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F119 | 7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician. | | | | |
| F120 | 8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules.<br>**Exception: Not required for ICF residents.** | | | | |
| F121 | C. **Emergency Services**<br>SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F122 | Emergency services from a physician are available and provided to each resident who requires emergency care. | | | | |
| F123 | **NURSING SERVICES *(CONDITION OF PARTICIPATION)***<br>SNF (405.1124) ☐ MET ☐ NOT MET | | | | |
| F124 | SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET<br>**Indicators A and B apply to this standard for SNFs.** | | | | |
| F125 | ICF (442.338) ☐ MET ☐ NOT MET<br>**Indicators A thru E apply to this standard for ICFs except where noted.** | | | | |
| | A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. | | | | |
| F126 | 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken. | | | | |

167

NAME OF FACILITY

| CODE | NURSING SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F127 | 2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity. | | | | |
| F128 | 3. Each resident receives care necessary to prevent skin breakdown. | | | | |
| F129 | 4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing. | | | | |
| F130 | 5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours. | | | | |
| F131 | 6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training. | | | | |
| F132 | 7. Each resident with a urinary catheter receives proper routine care including periodic evaluation. | | | | |
| F133 | 8. Each resident receives proper care for the following needs:<br>Injections<br>Parenteral Fluids<br>Colostomy/Ileostomy<br>Respiratory Care<br>Tracheostomy Care<br>Suctioning<br>Tube Feeding | | | | |
| F134 | 9. Infection Control Techniques are properly carried out in the provision of care to each resident. | | | | |

NAME OF FACILITY

| CODE | NURSING SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F135 | 10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents. | | | ▨ | |
| F136 | 11. Adequate resident care supplies are available for providing treatments. | | | ▨ | |
| | **B. Twenty-Four Hour Nursing Service** | | | | |
| F137 | 1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load.<br>**Exception: Not required for ICFs.** | | | | |
| F138 | 2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty.<br>(If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.)<br>**Exception: Not required for Freestanding ICFs.** | | | | |
| F139 | 3. There is a sufficient number of nursing staff available to meet the total needs of all residents. | | | ▨ | |
| F140 | 4. There is a registered nurse on the day tour of duty 7 days a week.<br>**Exception: Not required for ICF residents.** | | | | |

NAME OF FACILITY

| CODE | NURSING SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F141 | **C. Charge Nurse**<br>SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F142 | 1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty.<br>**Exception: Not required for ICFs.** | | | | |
| F143 | 2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents.<br>**Exception: Not required for ICFs.** | | | | |
| F144 | 3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift.<br>**Exception: Not required for SNFs.** | | | | |

**NAME OF FACILITY**

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

| Shift |  | CODE | Day 1 |  |  | Day 2 |  |  | Day 3 |  |  | Day 4 |  |  | Day 5 |  |  | Day 6 |  |  | Day 7 |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A |
| DAY | DP | F145 | | | | | | | | | | | | | | | | | | | | | |
|  | Entire Facility | F146 | | | | | | | | | | | | | | | | | | | | | |
| EVENING | DP | F147 | | | | | | | | | | | | | | | | | | | | | |
|  | Entire Facility | F148 | | | | | | | | | | | | | | | | | | | | | |
| NIGHT | DP | F149 | | | | | | | | | | | | | | | | | | | | | |
|  | Entire Facility | F150 | | | | | | | | | | | | | | | | | | | | | |

| Shift |  | CODE | Day 1 |  |  | Day 2 |  |  | Day 3 |  |  | Day 4 |  |  | Day 5 |  |  | Day 6 |  |  | Day 7 |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A |
| DAY | DP | | | | | | | | | | | | | | | | | | | | | | |
|  | Entire Facility | | | | | | | | | | | | | | | | | | | | | | |
| EVENING | DP | | | | | | | | | | | | | | | | | | | | | | |
|  | Entire Facility | | | | | | | | | | | | | | | | | | | | | | |
| NIGHT | DP | | | | | | | | | | | | | | | | | | | | | | |
|  | Entire Facility | | | | | | | | | | | | | | | | | | | | | | |

NAME OF FACILITY

| Shift | | CODE | Day 1 | | | Day 2 | | | Day 3 | | | Day 4 | | | Day 5 | | | Day 6 | | | Day 7 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A |
| DAY | DP | F151 | | | | | | | | | | | | | | | | | | | | | |
| | Entire Facility | F152 | | | | | | | | | | | | | | | | | | | | | |
| EVENING | DP | F153 | | | | | | | | | | | | | | | | | | | | | |
| | Entire Facility | F154 | | | | | | | | | | | | | | | | | | | | | |
| NIGHT | DP | F155 | | | | | | | | | | | | | | | | | | | | | |
| | Entire Facility | F156 | | | | | | | | | | | | | | | | | | | | | |

## STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

### ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

| | CODE | | RN | PN | A |
|---|---|---|---|---|---|
| DAY | F157 | REPORT | | | |
| | F158 | ACTUAL | | | |
| EVENING | F159 | REPORT | | | |
| | F160 | ACTUAL | | | |
| NIGHT | F161 | REPORT | | | |
| | F162 | ACTUAL | | | |

### UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

| | CODE | Unit | | | Unit | | | Unit | | | Unit | | | Unit | | | Unit | | | Unit | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A | RN | PN | A |
| DAY | F163 | | | | | | | | | | | | | | | | | | | | | |
| EVENING | F164 | | | | | | | | | | | | | | | | | | | | | |
| NIGHT | F165 | | | | | | | | | | | | | | | | | | | | | |
| CENSUS | F166 | | | | | | | | | | | | | | | | | | | | | |

NAME OF FACILITY

| CODE | NURSING SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
|  | D. **Patient Care Management** |  |  |  |  |
| F167 | SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F168 | ICF (442.341) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F169 | 1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission. |  |  |  |  |
| F170 | 2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner. |  |  |  |  |
|  | E. **Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.** |  |  |  |  |
| F171 | SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F172 | ICF (442.342) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F173 | 1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures. |  |  |  |  |
| F174 | 2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include; |  |  |  |  |
| F175 | (a) Range of motion, ambulation, turning and positioning and other activities; |  |  |  |  |
| F176 | (b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities; |  |  |  |  |
| F177 | (c) Remotivation therapy and/or reality orientation when appropriate. |  |  |  |  |
| F178 | 3. These activities are coordinated with other resident care services. |  |  |  |  |

NAME OF FACILITY

| CODE | NURSING SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
|  | **F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.** |  |  |  |  |
| F179 | SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F180 | 1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged. |  |  |  |  |
| F181 | 2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. |  |  |  |  |
| F182 | 3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician. |  |  |  |  |

NAME OF FACILITY

| CODE | NURSING SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F183 | **F. Administration of Drugs**<br>SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F184 | ICF (442.337) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F185 | 1. The resident is identified prior to administration of a drug. | | | ▨ | |
| F186 | 2. Drugs and biologicals are administered as soon as possible after doses are prepared. | | | ▨ | |
| F187 | 3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems. | | | | |
| F188 | **Exception: ICF residents may self administer medication only with their physician's permission.** | | | | |
| F189 | **H. Conformance with Physician Drug Orders**<br>SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F190 | ICF (442.334) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F191 | Drugs are administered in accordance with written orders of the attending physician. | | | ▨ | |
| F192 | Drug Error Rate ________% <br>(See Form HCFA-522) | ▨ | ▨ | ▨ | |
| | | | | | |

**NAME OF FACILITY**

| CODE | DIETETIC SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
|  | **DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*** |  |  |  |  |
| F193 | SNF (405.1125) ☐ MET ☐ NOT MET |  |  |  |  |
| F194 | ICF (442.332) (Standard) ☐ MET ☐ NOT MET<br>Indicators A and B apply to this standard for ICFs. |  |  |  |  |
|  | **A. Menus and Nutritional Adequacy** |  |  |  |  |
| F195 | SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F196 | Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. |  |  |  |  |
|  | **B. Therapeutic Diets** |  |  |  |  |
| F197 | SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F198 | 1. Therapeutic diets are prescribed by the attending physician. |  |  |  |  |
| F199 | 2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary. |  |  |  |  |
| F200 | Number of Regular Diets__________ |  |  |  |  |
| F201 | Number of Therapeutic Diets__________ |  |  |  |  |
| F202 | Number of Mechanically Altered Diets __________ |  |  |  |  |
| F203 | Number of Tube Feedings__________ |  |  |  |  |

176

NAME OF FACILITY

| CODE | DIETETIC SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | C. **Preparation** | | | | |
| F204 | SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F205 | 1. Food is prepared by methods that conserve its nutritive value and flavor. | | | | |
| F206 | 2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs. | | | | |
| F207 | 3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered. | | | | |
| | D. **Frequency** | | | | |
| F208 | SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F209 | ICF (442.331) (Standard) ☐ MET ☐ NOT MET | | | | |
| F210 | 1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast. | | | | |
| F211 | 2. To the extent medically possible, bedtime nourishments are offered to all residents.<br>**Exception: Not required for ICF Residents.** | | | | |
| | E. **Staffing** | | | | |
| F212 | SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F213 | 1. Food service personnel are on duty daily over a period of 12 or more hours. | | | | |

177

NAME OF FACILITY

| CODE | SPECIALIZED REHABILITATIVE SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | **SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*** | | | | |
| F214 | SNF (405.1126) ☐ MET ☐ NOT MET | | | | |
| F215 | SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F216 | ICF (442.343) (Standard) ☐ MET ☐ NOT MET | | | | |
| | **A. Plan of Care** | | | | |
| F217 | Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service. | | | | |
| | **B. Therapy** | | | | |
| F218 | Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | | | | |
| | **C. Progress** | | | | |
| F219 | 1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services.<br>**Exception: ICF resident's progress must be reviewed regularly.** | | | | |

NAME OF FACILITY

| CODE | SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F220 | 2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist.<br>**Exceptions: ICF residents' plans must be revised as necessary.** | | | | |
| | **PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*** | | | | |
| F221 | SNF (405.1127) ☐ MET ☐ NOT MET | | | | |
| | **A. Supervision** | | | | |
| F222 | SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F223 | ICF (442.336) (Standard) ☐ MET ☐ NOT MET | | | | |
| F224 | The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator. | | | | |

NAME OF FACILITY

| CODE | PHARMACEUTICAL SERVICES<br>LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | **B. Labeling of Drugs and Biologicals** | | | | |
| F225 | SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F226 | ICF (442.333) (Standard) ☐ MET ☐ NOT MET | | | | |
| F227 | The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable. | | | | |
| | **LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*** | | | | |
| F228 | SNF (405.1128) ☐ MET ☐ NOT MET | | | | |
| F229 | SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET | | | | |
| | **Provision of Services** | | | | |
| F230 | 1. All services are provided only on the orders of a physician. | | | | |
| F231 | 2. The attending physician is notified promptly of diagnostic findings. | | | | |
| F232 | 3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record. | | | | |
| | | | | | |

150

NAME OF FACILITY

| CODE | SOCIAL SERVICES/ACTIVITIES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | **SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*** | ▨ | ▨ | ▨ | |
| F233 | SNF (405.1130) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F234 | SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F235 | ICF (442.344) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F236 | **A. Plan**<br>The medically related social and emotional needs of the resident are identified. | | | ▨ | |
| F237 | **B. Provision of Services**<br>Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency. | | | ▨ | |
| F238 | 2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency. | | | ▨ | |
| | **ACTIVITIES *(CONDITION OF PARTICIPATION)*** | ▨ | ▨ | ▨ | |
| F239 | SNF(405.1131) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| | **Provision of Services** | ▨ | ▨ | ▨ | |
| F240 | SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| | | | | | |

NAME OF FACILITY

| CODE | ACTIVITIES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F241 | ICF (442.345) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F242 | 1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any. | | | ▨ | |
| F243 | 2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program. | | | ▨ | |
| F244 | 3. The activities promote the physical, social and mental well-being of the resident. | | | ▨ | |
| F245 | 4. Equipment is maintained in good working order. | | | ▨ | |
| F246 | 5. Supplies and equipment are available. | | | ▨ | |
| | | | | | |

NAME OF FACILITY

| CODE | MEDICAL RECORDS | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | **MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*** | | | | |
| F247 | SNF (405.1132) ☐ MET ☐ NOT MET | | | | |
| | **Content** | | | | |
| F248 | SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F249 | ICF (442.318) (Standard) ☐ MET ☐ NOT MET | | | | |
| F250 | 1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately. | | | | |

NAME OF FACILITY

| CODE | MEDICAL RECORDS | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | 2. The medical record contains the following information: | | | | |
| F251 | a. Identification information | | | | |
| F252 | b. Admission data including past medical and social history | | | | |
| F253 | c. Transfer form, discharge summary from any transferring facility | | | | |
| F254 | d. Report of resident's attending physician | | | | |
| F255 | e. Report of physical examinations | | | | |
| F256 | f. Reports of physicians' periodic evaluations and progress notes | | | | |
| F257 | g. Diagnostic reports and therapeutic orders | | | | |
| F258 | h. Reports of treatments | | | | |
| F259 | i. Medications administered | | | | |
| F260 | j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments. | | | | |
| F261 | k. Assessments and goals of each service's plan of care | | | | |
| F262 | l. Treatments and services rendered | | | | |
| F263 | m. Progress notes | | | | |
| F264 | n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem. | | | | |
| | | | | | |

NAME OF FACILITY

| CODE | TRANSFER AGREEMENT | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | **TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*** | ▨ | ▨ | ▨ | |
| F265 | SNF (405.1133) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F266 | SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F267 | ICF (442.316) (Standard) ☐ MET ☐ NOT MET | ▨ | ▨ | ▨ | |
| F268 | A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner. | | | ▨ | |
| F269 | B. Information necessary for providing care and treatment to transferred individuals is provided. | | | ▨ | |

NAME OF FACILITY

| CODE | PHYSICAL ENVIRONMENT | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
|  | **PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*** |  |  |  |  |
| F270 | SNF (405.1134) ☐ MET ☐ NOT MET |  |  |  |  |
|  | **A. Nursing Unit** |  |  |  |  |
| F271 | SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F272 | 1. The unit is properly equipped for preparation and storage of drugs and biologicals. |  |  |  |  |
| F273 | 2. Utility and storage rooms are adequate in size. |  |  |  |  |
| F274 | 3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities. |  |  |  |  |
|  | **B.Dining and Activities Area** |  |  |  |  |
| F275 | SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F276 | ICF (442.329) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F277 | 1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities. |  |  |  |  |
| F278 | 2. Dining and activity rooms are well lighted and ventilated. |  |  |  |  |
| F279 | 3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other. |  |  |  |  |

NAME OF FACILITY

| CODE | PHYSICAL ENVIRONMENT | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F280 | SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET<br>**Indicators C and D apply to this standard for SNFS.** | | | | |
| | **C. Resident Rooms** | | | | |
| F281 | ICF (442.325) (Standard) ☐ MET ☐ NOT MET | | | | |
| F282 | 1. Single resident rooms have at least 100 square feet. | | | | |
| F283 | 2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident. | | | | |
| F284 | 3. Each room is equipped with or conveniently located near toilet and bathing facilities. | | | | |
| F285 | 4. There is capability of maintaining privacy in each. | | | | |
| F286 | 5. There is adequate storage space for each resident. | | | | |
| F287 | 6. There is a comfortable and functioning bed and chair plus a functional cabinet and light. | | | | |
| F288 | 7. The resident call system functions in resident rooms. | | | | |
| F289 | 8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents. | | | | |
| F290 | 9. Each room is at or above grade level. | | | | |
| F291 | 10. Each room has direct access to a corridor and outside exposure.<br>**Exception: Not required for ICF residents.** | | | | |

NAME OF FACILITY

| CODE | PHYSICAL ENVIRONMENT | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
|  | **D. Toilet and Bath Facilities** |  |  |  |  |
| F292 | ICF (442.326) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F293 | 1. Facilities are clean, sanitary and free of odors. |  |  |  |  |
| F294 | 2. Facilities have safe and comfortable hot water temperatures. |  |  |  |  |
| F295 | 3. Facilities maintain privacy. |  |  |  |  |
| F296 | 4. Facilities have grab bars and other safeguards against slipping. |  |  |  |  |
| F297 | 5. Facilities have fixtures in good condition. |  |  |  |  |
| F298 | 6. The resident call system functions in toilet and bath facilities. |  |  |  |  |
|  | **E. Social Service Area** |  |  |  |  |
| F299 | SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F300 | 1. Ensures privacy for social service interviewing. |  |  |  |  |
| F301 | 2. Adequate space for clerical and interviewing functions is provided. |  |  |  |  |
| F302 | 3. Facilities are easily accessible to residents and staff. |  |  |  |  |

NAME OF FACILITY

| CODE | PHYSICAL ENVIRONMENT | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
|  | **F. Therapy Areas** |  |  |  |  |
| F303 | SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F304 | ICF (442.328(a)) ☐ MET ☐ NOT MET |  |  |  |  |
| F305 | 1. Space is adequate for proper use of equipment by all residents receiving treatments. |  |  |  |  |
| F306 | 2. Equipment is safe and in proper working condition. |  |  |  |  |
|  | **G. Facilities for Special Care** |  |  |  |  |
| F307 | SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F308 | ICF (442.328(b)) ☐ MET ☐ NOT MET |  |  |  |  |
| F309 | 1. Single rooms with private toilet and handwashing facilities are available for isolating residents. |  |  |  |  |
| F310 | 2. Precautionary signs are used to identify these rooms when in use. |  |  |  |  |
|  | **H. Common Resident Areas** |  |  |  |  |
| F311 | SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F312 | ICF (442.324) (Standard) ☐ MET ☐ NOT MET |  |  |  |  |
| F313 | 1. All common resident areas are clean, sanitary and free of odors. |  |  |  |  |
| F314 | 2. Provision is made for adequate and comfortable lighting levels in all areas. |  |  |  |  |
| F315 | 3. There is limitation of sounds at comfort levels. |  |  |  |  |

NAME OF FACILITY

| CODE | PHYSICAL ENVIRONMENT | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F316 | 4. A comfortable room temperature is maintained. | | | | |
| F317 | 5. There is adequate ventilation through windows or mechanical means or a combination of both. | | | | |
| F318 | 6. Corridors are equipped with firmly secured handrails on each side. | | | | |
| F319 | 7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply. | | | | |
| F320 | I. **Maintenance of Building and Equipment**<br>SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F321 | 1. The interior and exterior of the building are clean and orderly. | | | | |
| F322 | 2. All essential mechanical and electrical equipment is maintained in safe operating condition. | | | | |
| F323 | 3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe. | | | | |
| F324 | 4. Resident care equipment is clean and maintained in safe operating condition. | | | | |
| F325 | ICF (442.331(b)) ☐ MET ☐ NOT MET<br>**Indicators J thru L apply to ICFs.** | | | | |
| F326 | J. **Dietetic Service Area**<br>SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F327 | 1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents. | | | | |
| F328 | 2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal. | | | | |

NAME OF FACILITY

| CODE | PHYSICAL ENVIRONMENT/INFECTION CONTROL | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F329 | K. **Hygiene of Dietary Staff**<br>SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F330 | 1. Dietetic service personnel practice hygienic food handling techniques. | | | | |
| F331 | L. **Dietary Sanitary Conditions**<br>SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F332 | 1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | | | | |
| F333 | 2. Waste is disposed of properly. | | | | |
| F334 | M. **Emergency Power**<br>SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F335 | 1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted. | | | | |
| F336 | 2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems. | | | | |
| F337 | 3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used. | | | | |
| F338 | **INFECTION CONTROL *(CONDITION OF PARTICIPATION)***<br>SNF (405.1135) ☐ MET ☐ NOT MET | | | | |
| F339 | A. **Infection Control**<br>SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F340 | Aseptic and isolation techniques are followed by all personnel. | | | | |

NAME OF FACILITY

| CODE | INFECTION CONTROL/DISASTER PREPAREDNESS | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F341 | **B. Sanitation**<br>SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F342 | The facility maintains a safe, clean, and orderly interior. | | | | |
| F343 | **C. Linen**<br>SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET | | | | |
| F344 | ICF (442.327) (Standard) ☐ MET ☐ NOT MET | | | | |
| F345 | 1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | | | | |
| F346 | 2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection. | | | | |
| F347 | **D. Pest Control**<br>SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F348 | ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F349 | 1. The facility is maintained free from insects and rodents. | | | | |
| | **DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*** | | | | |
| F350 | SNF (405.1136) ☐ MET ☐ NOT MET | | | | |
| F351 | SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F352 | ICF (442.313) (Standard) ☐ MET ☐ NOT MET<br>**Indicators A and B apply to this standard for ICFs.** | | | | |
| F353 | **A. Disaster Plan**<br>1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster. | | | | |

NAME OF FACILITY

| CODE | DISASTER PREPAREDNESS | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| F354 | 2. Facility staff are knowledgeable about evacuation routes. | | | | |
| F355 | 3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents. | | | | |
| F356 | 4. Facility staff are aware of methods of containing fire. | | | | |
| F357 | **B. Drills**<br>SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F358 | 1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster. | | | | |
| F359 | 2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster. | | | | |

# SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B
CRUCIAL DATA EXTRACT
*(To be used with 7-88 Revision of Form HCFA-519)*

| PROVIDER NO. | FACILITY NAME | SURVEY DATE |
|---|---|---|
| | | |

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

| | | | | | |
|---|---|---|---|---|---|
| A. | ______ | ADMINISTRATOR | H. | ______ | LIFE SAFETY CODE SPECIALIST |
| B. | ______ | NURSE | I. | ______ | LABORATORIAN |
| C. | ______ | DIETITIAN | J. | ______ | SANITARIAN |
| D. | ______ | PHARMACIST | K. | ______ | THERAPIST |
| E. | ______ | RECORDS ADMINISTRATOR | L. | ______ | PHYSICIAN |
| F. | ______ | SOCIAL WORKER | M. | ______ | PSYCHOLOGIST |
| G. | ______ | QUALIFIED MENTAL RETARDATION PROFESSIONAL | N. | ______ | OTHER |

**NOTE:** MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193: DRUG ERROR RATE: ______% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐

New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

Form HCFA-519E (7-88)

194

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